Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)						Complete if Known															
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und .	AB	5446867		B1	Young		8/29/95														
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in		6466078	-	BI	Stiff		5/8/2001	327/536													
un V	AD	6229861		BI	Young			375/356													
Lnv,	AE	6043717		B1	Kurd		3/28/2000	33//17													
unp	AF	5859550		B1	Brandt		1/12/1999	327/156													
Un/	AG	6177844		Bl	Sung		1/23/2001	33//25													
tny	AH	4987373		B1	Soo		1/22/1991	331/25													
m.	ΑI	5949261		B1	Field		9/7/1999	327/156													
my.	ΑĴ	6411665		B1	Chan		6/25/2002	375 1360													
	AK_	60/395,584			Bui		7/12/2002														
				FOR	EIGN PATE	NT DOCUMEN	TS														
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.